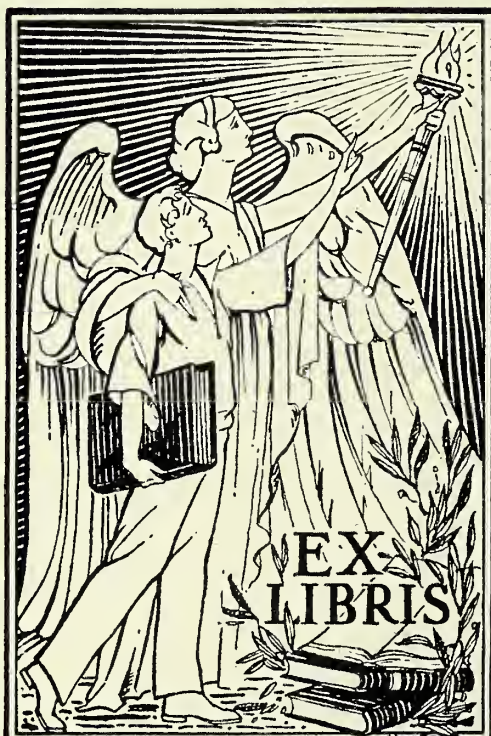


SO HE'S BEEN WOUNDED .

Walter E. Barton

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# So He's Been Wounded

*The Red Cross Courier - Volume XXIII - October 1943. No. 4.*  
By MAJOR WALTER E. BARTON

Director, Reconditioning Division, Office of the Surgeon General

Prior to assuming his present responsibilities, Major Barton was chief of the neuropsychiatric service of the Valley Forge General Hospital at Phoenixville, Pennsylvania. In civilian life, he was superintendent of the Worcester State Hospital, Massachusetts, and was on the faculty of the Smith College School of Psychiatric Social Work, and of Clark University

**I**N SPITE of prompt and excellent medical attention, some are maimed as a result of wounds sustained in battle. Often the deepest wounds are those of the spirit. Treatment is incomplete unless it includes an attempt to alleviate mental anguish and to restore the disabled to a full and useful life. Oftentimes it is most difficult to dispel the emotional despair of the blind, or the feelings of aloneness of the deaf, or the bitter anger against a cruel world that leaves a youth armless, legless or disfigured.

Blindness and maiming to the average man mean incompetency, and he visualizes the man on the street corner with the tin cup and shoelaces, or perhaps the legless pencil seller on his little cart. The disabled soldier first shares those same beliefs.

It is the first obligation of those who care for the disabled to change the notions they have with regard to blindness or other crippling disorders. We must help the injured service man to focus on what is left instead of on what is lost. There is no room for pity in such an approach.

Rehabilitative measures which will encourage the maimed soldier to look forward hopefully to the future must be started during the period of military hospitalization before his attitudes are set. Otherwise the government's over-all rehabilitation program for the war casualty will fail to achieve for him the goal of self-sufficiency and self-reliance necessary for a full and useful life.

Those who come in contact with the maimed may find the following ten rather arbitrary rules useful as guideposts in the proper approach to the sensitive and emotionally upset disabled soldier.

1. *Preserve an attitude of normality.* The disabled person should be treated as though there were nothing unusual or different about him as a result of his handicap. The loss of an

arm or a jaw or an ear or a leg may change the appearance of a man. The personality and character need not be changed. The handicap and disability should be completely ignored and the maimed person treated as the normal person he is. This point is particularly important when dealing with any form of mental disability. So often, in the latter instance, the average person brings ancient prejudices and approaches the man as though he were either a child or a fool.

2. *Be natural.* There are no special techniques to be mastered in approaching the maimed. A natural manner that one would bring to a normal person is all that is necessary. When one visits an ill person the chief objective is to make that person feel that someone cares for him. Talk about the things he is interested in or about objects in the room or hobbies or current events of common interest. Don't talk about the war. Don't talk about the symptoms and origins of the present trouble. Don't pry into the personal life of the person with questions. If the soldier wants to talk, learn to listen and try to understand what he wants to express. Don't become involved in giving advice or opinion about the adequacy of treatment. Help the individual to feel that he is still cared for and that, in spite of his loss, he may find in life a worthwhile share of responsibility.

3. *Face the reality of the disability.* Create within the patient a willingness to face the fact of his limitation. Don't attempt to minimize the crippling

effect of maiming. It is far better to truthfully say, "Boy, are you ugly!" than to lie, "Why, you look just fine." So often people go through life hiding behind secret doors. Personal anxieties and even great problems lose their capacity to frighten if they are brought out in the open squarely faced and talked about. If one is deaf, the hearing aid should be worn openly. If one has one leg, it is better to admit it and not try to conceal it.

4. *Ignore the deformity.* Let no horror or sorrow appear in the face or manner of the person in contact with the maimed. There should be no depressing talk. What a man looks like matters little. There are plenty of examples of lasting achievement made by those handicapped by disease or injury. One of the most cheerful and pleasing personalities I know is carried about in the twisted and deformed body of a "hunchback."

5. *Reassure the handicapped.* Help the soldier concentrate on the determination to get well and the determination to overcome the loss. New goals and new interests can be found. Opportunities consistent with the disability still exist that offer a realm for self-satisfaction.

6. *Faith in self must be restored.* Even though a soldier be surrounded with sympathy, be supplied with nurses who wait on him hand and foot, and be given countless attentions, he still may despair. Restore his faith in the ability to do things himself and his faith in himself as a person, and the rest of the treatment becomes easy. The martyr's attitude may be noble, but it doesn't bring much happiness to the individual. Contentment is born of achievement and is built by one's own efforts. A problem-solving point of view and the slogan, "I'll get there yet," help restore faith.

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# Red Cross SERVICES TO THE ARMED

By JAMES R. McLENNAN

**FIRST-HAND** glimpses of American Red Cross workers carrying on their varied services are relayed by staff members fresh from the war zones. Whether the workers are in the thick of combat, or patiently performing their tasks far from the roar of the "Long Toms," each returning Red Cross man or woman tells a tale of loyal devotion to duty.

A dramatic picture of the North African battle area is given by Rabbi Ferdinand M. Isserman of Temple Israel, St. Louis, Missouri, just back from overseas. He was granted a six-months leave of absence by his congregation so that he could go abroad as a volunteer Red Cross worker. No sightseer from afar was Rabbi Isserman. He was right up close to action in North Africa. "When I first joined Field Director Sherman A. Calahan," said Rabbi Isserman, "he was living in a pup tent next to a slit trench which was filled with rain water most of the time. He had a jeep and weapons' carrier which had been converted to hold supplies that he and his assistant delivered to the men at the front. On these trips they were often bombed and strafed."

In telling further of his adventures, Rabbi Isserman said, "When carrying supplies to the troops, no one was allowed to use a windshield, because the glare would give notice to the enemy and invite a strafing. When it rained, we were soaked, and when it was dry the dust and pebbles were suffocating and blinding. But we had to go out to

the isolated places where certain outfits on detached duty were without supplies.

"It isn't easy," continued the Rabbi, "to find the zone even if you have been told where they were yesterday. This is a fluid war, with the front sometimes moving back and forth over the same area. This means that land mines are everywhere, some will be turning up years from now, and we had to be very careful where we drove."

While abroad Rabbi Isserman spent most of his time in North Africa, but also visited Red Cross workers in the Middle East, the British Isles and Iceland before returning to the United States.

From the other side of the world comes a report of the first arts and crafts exhibition of the Kodiak Arts Club, arranged under the guiding hands of Field Director George Swoyer, assisted by Adele Lewis, recreation worker. All types of arts and crafts were exhibited by the men, many of them having shown great ingenuity in design and unusual uses of unusual materials.

One of the exhibits attracting great attention was a display of square knotted articles. Included in this display were doilies, bracelets, necklaces, mats, shade pulls and Juliette caps made by Lieutenant Commander C. J. Frisbie, known throughout the Navy for the square knot work he had exhibited. Lieutenant Commander Frisbie gave a demonstration of his skill to encourage more men to take up square knotting as a leisure-time activity.



It's a crucial moment for a patient at Camp Young (Calif.) station hospital as he figures out an insurance problem



"Get this one, fellas! It's going to be good!" A preview of comedy film in the projection booth at Camp Young



# JUNIOR RED CROSS BRIEFS

**FOR** the first time, members of the American Junior Red Cross make their bows on the screen. We have seen these young Americans before in Roll Call and War Fund films, but this time it's their own show from beginning to end. National Headquarters takes pride in announcing the new Junior Red Cross motion picture, "Hand in Hand," released for distribution September 1.

\* \* \*

"Hand in Hand" tells the how and why of Junior Red Cross with particular emphasis on wartime activities. It also stresses the close relationship between Junior Red Cross and the school, and between junior and senior Red Cross members in the local Chapter. Let's look behind the scenes a minute and see what's going on.

\* \* \*

The young people of America who are enrolled in the Junior Red Cross are earning money to put into their National Children's Fund. Some boys scrub windows for a dollar to help children whose homes have been destroyed by war. Other enterprising junior members make two dollars on a paper route to lend a hand to a pal in another land. They do anything from washing dogs to hoeing beans in order to meet their pledge. If only these boys and girls of our nation could visit one of the many old English country homes—the nurseries established because of their efforts—they would be more than repaid for their work.

\* \* \*

Another shot takes us to an elementary classroom. There, Junior Red Cross members are packing gift boxes for children in England, Russia, Iceland, Ireland, Alaska, and a dozen or more Central and South American countries. Eyes of little British children brighten as colored balloons, dolls, hair ribbons, and combs tumble out of the boxes. Last year 100,000 gift boxes were sent abroad.

\* \* \*

Let's drop in on the Sock Hop—a dance organized to raise funds for the Junior Red Cross Fund. Shoeless boys and girls from jitterbugs to sophisticated fox-trotters are conserving their gymnasium floor. (Incidentally, it's not such a bad way to save shoes.) They're making enough money to finance most of their war-time activities and having a wonderful time too.

\* \* \*

Now for the most important job of Junior Red Cross members during war-time—that of giving service to those who give so much for us. Boys in woodworking classes are making lamps, ashstands, and ping pong tables for Army and Navy recreation rooms. Shop classes make checkerboards, cribbage boards, dominoes, and other games to help homesick soldiers pass the time.

\* \* \*

Girls in sewing classes eagerly are putting together kit bags for the Bicycle Corps to deliver to the chapter house. There, volunteers fill them with razor blades, buttons, needles and thread and other useful items. Every man in our armed forces receives one of these kit bags at his port of embarkation. You wouldn't think a kit bag could mean so much—but you had better find that out for yourself.

\* \* \*

Don't miss "Hand in Hand," if you want to know what the 17,000,000 members of the American Junior Red Cross are doing to help back the attack for victory!

—By Jean Dain

## So He's Wounded (from page 21)

7. *Continue social living.* We live our lives normally in contact with others. Without stimulating friendships life becomes dreary. Social occasions should be fostered within the hospital center to preserve normal movement amongst others. It helps the person accept the fact of his handicap. It helps the person build habits of independence. It is also very necessary to communicate the spirit of optimism and the need for self-reliance and independence to the family of the patient in order that they may help and not hinder his progress. Encouragement should be given to the patient to resume social contacts after he returns to his own home.

8. *Give the patient a job to do.* Instead of a wheel chair or crutch, the attempt is made to provide the patient with an artificial limb and a job. Work is associated in our minds with health. It is for this reason that occupational therapy is started in a hospital. Idleness and boredom during weary days in the hospital breed discontent. In bull sessions ideas of illness are fostered. Happiness is related to goals in life. If each new day brings the expectation of problems, the opportunity to learn something new, and if the people about the patient are interested in him as a person, there is created a sense of personal worth and security that is one means of re-establishing social stability. Occupational therapy employs work activities for this purpose.

Vocational advice and discovery of the individual capacity to do useful remunerative work are also essential. There should be no forcing of the handicapped into job categories. There are many different fields that are open. The aptitudes of the individual can be determined and matched with a job that he would like to do. Vocational retraining will be carried out under the program of the Veterans Administration.

9. *Keep a balance in life.* In order to maintain mental health, some work, some play, some rest should be a part of every day. It is suggested that the soldier take up physical exercise or sports and do some creative work, such as is offered by hobbies of various sort, as a part of his daily routine. Mental activities offered by lectures,

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# FORCES

If you are having trouble with your cook—and who isn't that has a cook?—you'll sympathize with Ethel Hague Rea, Recreation Worker in Iceland, recently returned to National Headquarters for reassignment. "It seemed that I had to supervise the cooking for the ARC resident personnel," says Miss Rea, "and the natives hired for doing said task did K.P. They spoke no English—my vocabulary in their tongue consists of five words—I think they at least understood my directions only to find, upon inspection, that the results are positively hair raising. It was only after much gnashing of teeth that we got them to keep onions, sugar and cinnamon out of mashed potatoes." Well, at least that's something new for the American taste.

More to the American taste is the story of the opening of the first leave type service club in India. Though so far from home, G. I. Joe can get pancakes or bacon and eggs for breakfast, with real American doughnuts, coffee and pie; malted milks and banana splits are on the menu at other times. Military and civilian notables attended the opening of this new center, the first of its kind in the China-Burma-India theater.

This new club under the direction of William D. Foster lives up to the Red Cross tradition by providing the troops on leave with a place to stay, home-like meals and comfort and entertainment for a very nominal cost.

Troops in another area far from home now have their

Red Cross club. This one is in Dakar and was opened just recently. It is located far from any other similar Red Cross activities and the staff will have to use considerable ingenuity to provide for the troops in the usual Red Cross manner—but you can bet they'll do it.

No, it's not the old shell game, but some of the soldiers in the Pacific area are keeping themselves busy making articles out of mother of pearl. The shells they use are obtained from the natives and the tools are provided through the efforts of the Red Cross field director. Arthur Cunningham, field director, reports that many of the men are turning out beautiful ornaments of mother of pearl in the shape of hearts, crosses sabers, birds, bombers, fish and many other designs. According to Mr. Cunningham, many of these items will find their way back home as Christmas gifts to mothers and girl friends.

While a great deal has been written in these reports about the people and the Red Cross work in England, your new S.A.F. reporter, having just returned from spending eight months in the field there, feels it incumbent upon him to say that Red Cross workers abroad, in both the hospital and recreation fields, are doing everything they possibly can to help the men in the armed forces. Their work is possible only because of the support they are getting from the people back home—Mr. and Mrs. America and Family. As long as that help is forthcoming, so long will the men and women of the Red Cross abroad carry on their work.

After telling about Red Cross service in many widely separated points of the globe, it seems to be in order to mention some of the many good jobs that are being done at home. A typical one is Canteen 10 at Lambert Field, St. Louis, Mo., which serves members of the Air Forces with hot meals and between-meal snacks in what has become the Red Cross tradition. In addition, there is a comfortable club room with comfortable chairs, writing tables and all types of table games for the entertainment and relaxation of the visiting flyers. Canteen 10 is already well known to many flyers of the United Nations, as guests from Peru, Brazil, Mexico, Canada, England, the

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A haven for flyers from all points of the compass is Canteen No. 10 at Lambert Field operated by the St. Louis (Mo.) Chapter



Uncle Sam's sailors achieve ingenious results with half-hitches in artistic handicraft at the Kodiak Naval Operating Base (Alaska)



rampant through an audience that only a short time before had been glum and uncooperative in accepting hospitalization, it is no wonder that motion pictures are, literally, what the doctors order. The patients look forward to the kind of prescription that takes them outside the bleak white ward walls. They count on the few brief hours when they can forget war, wounds and worries. They want to laugh with the top-hands of the Westerns, to mark time to the catchy swing tunes of the super-duper box-office attractions, and they need the lift they get from the antics of comedy teams. Spirits are buoyed up and recovery is faster because their minds have been taken off themselves. The movies remind them that sometime, somewhere, life still will go on and that it still will be worth living. They make them want to get well.

It is this wanting to get well, medical officers say, that is more than half the battle in the soldier's fight to recover from the wounds of war. Once he is over the danger point and is convalescing, the one thing that will hasten his recovery and put him back on his feet in the shortest possible time is a chance for mental relaxation and diversion; and in Army hospitals, scattered over the farflung war theaters, nothing has a more desirable effect on mental and physical welfare than the simple entertainment of the motion picture programs.

In order to meet this need, the American Red Cross is expanding its hospital motion picture program to military hospitals wherever our armed forces are stationed, not only in this country but also throughout the war zones.

The program, under Edward Doyle, National Director of Red Cross Hospital Motion Pictures, is divided into two parts, the Hospital Theater program under which the latest releases are shown in recreation buildings for ambulatory patients and the Ward program arranged for bed patients immobilized in fracture frames or plaster of Paris casts. So popular have these programs become that Red Cross is now considering requests to convert some of the equipment for ceiling shows for the benefit of patients who cannot be moved to view the regular hall screen movies.

By agreement with the Army, Red Cross furnishes both 35-mm sound

and projector equipment and 16-mm equipment which are donated to the Army upon installation. All servicing is then provided by engineers of the Army Motion Picture Service. Authorized extra-duty pay for the two projectionists needed to operate the units is provided from Red Cross funds. The projectionists are enlisted men, detailed for this purpose in addition to their military duties.

So far, Red Cross has provided one hundred and fifty-seven 35-mm units of the type used by commercial theaters and four hundred 16-mm portable units for ward showings.

Red Cross provides the film services, and the latest films, carefully selected for popular appeal to the convalescing audience, are booked through the Red Cross Hospital Motion Picture Service. No depressing war pictures or pictures which might in any way contribute to discouragement, unrest or over-excitement are permitted to be shown.

Patients themselves concur with the medical officers in their preference for comedies, westerns and girl shows. In the United States alone, the Red Cross pictures entertain an audience of 750,000 hospitalized soldiers a month.

By the end of the year Red Cross expects to be operating motion pictures in 475 hospitals in this country, as well as in all the main hospitals for American soldiers overseas.

#### **So He's Wounded** (from page 24)

reading, and discussion groups stimulate mental growth and should also be encouraged, as do service activities. Some time should be given by every person to general community welfare without thought of personal reward. This applies also to the handicapped.

10. *Stress the importance of beauty of spirit.* Much of the charm of thoughtful people comes from their genuine interest in and service to others. The sustaining faith in a God that helps a person to overcome adversity can be communicated to others less fortunate. There is a shining example in the handicapped person who has overcome his disability that carries a great message to those who feel overburdened by life's many tribulations. There is a greatness of character demonstrated by the person who has the will to achieve.

#### **Downright Essential**

Mrs. Clara M. Phillips of the Berkeley (Calif.) Chapter had completed her full 150 hours of service at Alta Bates hospital and settled back comfortably in her train seat. After long strenuous hours of war work she looked forward to a restful breathing spell. Did she rest?

She had hardly opened her magazine when she was summoned to the dressing room. A young girl had broken a bottle and cut an artery. Mrs. Phillips administered First Aid, paged the coaches for a doctor. None was available. She got off at the next stop and telephoned for one, then secured sheets, pillows, blankets and loosened tourniquet every twenty minutes, until a doctor arrived.

#### **British Delegates Here**

A delegation of British Red Cross delegates arrived at National Headquarters in Washington September 15 to confer with American Red Cross officials on prisoner of war relief measures. Delegates from the Canadian Red Cross arrived later to join the discussions.

Plans were outlined for all matters pertaining to relief for United Nations prisoners of war, including shipment of relief, mail, special services to the blind, furnishing artificial limbs, providing educational, recreational and rehabilitation materials.

#### **Don't Listen!**

Warnings were issued by the American Red Cross National Headquarters against listening to enemy shortwave broadcasts. Amateur enthusiasts have been relaying messages purporting to give information concerning prisoners of war to relatives, also personal messages to relatives which have been found to be misleading.

False casualty reports have been received by hundreds of servicemen's families. The Office of the Provost Marshal General is the responsible agency for handling official reports of prisoners of war received through the International Red Cross Committee in Geneva.

Relatives are urged to disregard all rumors from unofficial sources and to communicate with the War or Navy Departments, either direct or through the Red Cross, for confirmation of the status of missing men.





*Hollywood's Land of Make-Believe projected on a wall screen in the wards helps bedfast patients in military and naval hospitals to forget their ills for a few hours*

# R<sub>x</sub> for Convalescents

By MARIE LOMAS

**IT WAS** a strange parade that moved in broken formation down the wooden runway toward the long, barrack-like building beyond the camp hospital. No rhythmic tramp marked its progress. Only the monotonous thump-thump of feet and crutches and the muffled sound of wheel chairs heralded the approach of a hundred or more maroon-robed men.

It was the twice-weekly trek of wounded soldiers recently returned from the scattered combat areas, on their way to report for treatment prescribed for convalescents. The prescription called for one motion picture feature, plus some short subjects, rolled into a booster dose of medically approved recreation to be taken as directed.

"Hi, Bill! Can you beat this for sissy rations?" one wheel chair passenger called to another, waving a bright cellophane package above his head. "Popcorn! But it's enough to last through the show. Next week I'll rate hamburgers."

"I've got oranges," the one called Bill yelled back. "And am I steady! Watch!" He juggled three oranges from hand to hand. "It won't be long now before I'm back in the old form. Hey! Where'd you get the cokes?" he asked as he spotted a rangy corporal hobbling by, his bathrobe pocket weighted down by a bottled soft drink.

For fully an hour before showtime the men had been busy gathering snacks of fruit, cookies, popcorn and

thirst quenchers. It was an occasion, this brief release from hospital routine, and they intended to spend the afternoon. Many of them would stay through two shows if it wasn't too crowded.

It was a day that came only twice each week for those who were able to be up and about, and that was a long time between shows for men so closely confined after having had a taste of real action with tanks or bombers. "Pictures" were first choice recreation as well as treatment, so they took no chances on missing the matinee—many going so far as to reserve their wheel chairs days in advance. With the reservation they put in their bids for a favorite nurse or Red Cross worker or for an almost-well comrade to act as wheel-chair chauffeur, if they were unable to ambulate under their own power.

Once inside the recreation building, the wheel-chair brigade formed a line at the back of the theater while other patients hobbled down the level aisles to find seats. In a fraternal spirit they preempted the right to reserve blocks of seats by wards.

"This row's reserved for Ward 30—your outfit's over there," a soldier told a prospective ward-row crasher clamped in a shoulder brace. He emphasized the priority by waving bandaged hands, semaphore fashion.

"Exclusive, huh! Okay," the intruder grinned. "Who are we of the Busted Shoulders to muscle in on the Blistered Hands? Anyway we'll both

be leaving the applause to the Crutch Corps."

"I'll say you will," came a voice from that section. "We aren't handicapped."

"Would that resemblance to a pun be intentional?" someone asked in a gruff voice, not too unlike the familiar tone of a commanding officer.

When the lights finally went down and the show was on, it might have been any Saturday afternoon American movie audience there in the hospital recreation hall, judging from the spontaneity of the response. The men hissed the villain and cheered, stamped and whistled for the hero. There was one critical moment when the silver screen suddenly went white and the hard-riding, fast-shooting "Terror of the Western Range" disappeared ignominiously into thin air. Groans rose from the darkened hall.

"It's tragic, that's what it is. They can't do this to us," a voice insisted from somewhere in the dimness.

"Aw, put a nickel in it—that's all it takes," another voice called toward the projection booth.

A Red Cross recreation worker stepped to the piano.

"Give us 'Der Fuehrer's Face,'" Ward 17 demanded from the front row, and the entire audience was off to an enthusiastic "community sing" with sound effects, continuing until the film was spliced and the hero and his horse were again riding roughshod across the screen.

With such high spirits running



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